

CHECKLIST PERFORMANCE STANDARDS FORM

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| NAME: | RATING PERIOD: _____ to _____ |
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| PERFORMANCE CATEGORY No. <u>1</u>: | CLINICAL | CATEGORY WEIGHT: 30% |
|---|-----------------|-----------------------------|

Five-Point Rating Scale:

- 5 = Exceptional**
- 4 = Exceeds Expectations**
- 3 = Meets Expectations**
- 2 = Below Expectations**
- 1 = Unacceptable**

- D= Mid-Period Discussion** (No Rating; placed a check “√” in box if Mid-Period Discussion was held)
- W= Weight** (Weight, or, if all elements are weighted equally, check all that apply)
- R= Rating** (1 through 5; whole numbers only)
- WR= Weighted Rating** (Weight X Rating; rounded to 2 decimal places)

| Performance Category Elements: | Verification Method | D | W | R | WR |
|---|--------------------------------|---|------------|---|----|
| 1. Assists with the Minimum Set Data (MDS) Assessment, ongoing quarterly reviews and resident care plans; reports and records findings accordingly. | Observ. Fedbak. Documt. | √ | 20% | | |
| 2. Demonstrates respect for residents by maintaining resident's dignity, providing privacy and abiding by Residents' Rights. | | | | | |
| 3. Maintains appropriate clinical and administrative documentation regarding diagnosis, treatment and summary of client progress. | Observ. Fedbak. Documt. | √ | 15% | | |
| 4. Accurately receives and delivers a variety of information regarding the residents' medical, social, functional and other needs. | Observ. Fedbak. Documt. | √ | 10% | | |
| 5. Follows the resident care plan. | Observ. Fedbak. Documt. | √ | 35% | | |
| 6. Administers medications and/or performs treatments as ordered by the physician. | Observ. Fedbak. Documt. | √ | 15% | | |
| 7. Conducts, attends, and participates in inservice training and staff development programs. | Observ. Fedbak. Documt. | √ | 5% | | |
| 8. Designs, organizes and/or carries out a program of Therapeutic Recreation services as part of a rehabilitation program. | | | | | |
| 9. Conducts therapy sessions with individuals and groups in accordance with treatment plans and specific methodologies and techniques. | | | | | |
| 10. Participates in admission process, including review of potential residents and placement within the facility. | | | | | |
| 11. Coordinates discharge of residents including making arrangements for needed services upon discharge. | | | | | |
| 12. Serves as liaison to resident and family for community resources and in-house services. | | | | | |

Calculate the Category Rating (rounded to 2 decimal placed) by using one of the following methods:

Category Rating_____

- If weights were assigned and a Weighted Rating calculated for each element, total the Weighted Rating (WR) column; or,
- If all elements are weighted equally and weights were not assigned, total the Rating (R) column and divide by the number of elements rated.

| | |
|--|-------------|
| Performance Plan Employee Acknowledgment: _____ | Date: _____ |
| Mid-Period Discussion Employee Acknowledgment: _____ | Date: _____ |
| Performance Appraisal Employee Acknowledgment: _____ | Date: _____ |

| | | |
|--|------------------|-------------|
| Name Of Rater: _____ | Signature: _____ | Date: _____ |
| Relationship Of Rater <input type="checkbox"/> Supervisor <input type="checkbox"/> Self <input type="checkbox"/> Peer/Team Member <input type="checkbox"/> Subordinate Other (Specify) _____ | | |

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|-------|-------------------------------|
| NAME: | RATING PERIOD: _____ to _____ |
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|---|-------------------------|-----------------------------|
| PERFORMANCE CATEGORY No. <u>2</u>: | CUSTOMER SERVICE | CATEGORY WEIGHT: 35% |
|---|-------------------------|-----------------------------|

Five-Point Rating Scale:

- 5 = Exceptional**
- 4 = Exceeds Expectations**
- 3 = Meets Expectations**
- 2 = Below Expectations**
- 1 = Unacceptable**

D= Mid-Period Discussion (No Rating; placed a check “√” in box if Mid-Period Discussion was held)

W= Weight (Weight, or, if all elements are weighted equally, check all that apply)

R= Rating (1 through 5; whole numbers only)

WR= Weighted Rating (Weight X Rating; rounded to 2 decimal places)

| Performance Category Elements: | Verification Method | D | W | R | WR |
|---|--------------------------------|---|------------|---|----|
| 1. Treats customers with courtesy and respect. | Observ. Fedbak. | √ | 20% | | |
| 2. Makes an effort to be in touch with customer needs and satisfaction levels. | Observ. Fedbak. | √ | 10% | | |
| 3. Takes responsibility for ensuring the customer is served. | Observ. Fedbak. | √ | 40% | | |
| 4. Ensures the customer is given accurate information. | | | | | |
| 5. Keeps commitments to customers. | | | | | |
| 6. Provides timely service to customers. | | | | | |
| 7. Takes customer's needs into consideration when developing plans or systems. | | | | | |
| 8. Presents a professional image to customers in attire and maintenance of workspace. | Observ. | √ | 10% | | |
| 9. Continually improves job skills to increase the quality of customer service. | | | | | |
| 10. Continually seeks improvements to work processes to enhance customer service. | | √ | | | |
| 11. Contributes to providing recognition for quality customer service. | Observ. Fedbak. Documt. | √ | 10% | | |
| 12. Models, trains, and coaches others to reinforce commitments to customer service. | | | | | |
| 13. Keeps commitments to others to enable them to provide quality customer service. | Observ. Fedbak. Documt. | √ | 10% | | |
| 14. | | | | | |
| 15. | | | | | |

Calculate the Category Rating (rounded to 2 decimal placed) by using one of the following methods:

Category Rating _____

1. If weights were assigned and a W eighted Rating calculated for each element, total the Weighted Rating (WR) column; or,
2. If all elements are weighted equally and weights were not assigned, total the Rating (R) column and divide by the number of elements rated.

| | |
|--|-------------|
| Performance Plan Employee Acknowledgment: _____ | Date: _____ |
| Mid-Period Discussion Employee Acknowledgment: _____ | Date: _____ |
| Performance Appraisal Employee Acknowledgment: _____ | Date: _____ |
| Name Of Rater: _____ Signature: _____ Date: _____ Relationship Of Rater <input type="checkbox"/> Supervisor <input type="checkbox"/> Self <input type="checkbox"/> Peer/Team Member <input type="checkbox"/> Subordinate Other (Specify) _____ | |

AVSC 01-094

(NURSING/LIC/CUSTOMER)

CHECKLIST PERFORMANCE STANDARDS FORM

| | |
|-------|-------------------------------|
| NAME: | RATING PERIOD: _____ to _____ |
|-------|-------------------------------|

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|---|-----------------------------|
| PERFORMANCE CATEGORY NO. <u>3</u>: WORK HABITS | CATEGORY WEIGHT: 35% |
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|---|--|
| Five-Point Rating Scale: <div style="margin-left: 20px;"> 5 = Exceptional 4 = Exceeds Expectations 3 = Meets Expectations 2 = Below Expectations 1 = Unacceptable </div> | <div style="margin-left: 20px;"> D= Mid-Period Discussion (No Rating; placed a check “√” in box if Mid-Period Discussion was held) W= Weight (Weight, or, if all elements are weighted equally, check all that apply) R= Rating (1 through 5; whole numbers only) WR= Weighted Rating (Weight X Rating; rounded to 2 decimal places) </div> |
|---|--|

| Performance Category Elements: | Verification Method | D | W | R | WR |
|--|-------------------------|---|-----|---|----|
| 1. Reports to work area by designated time. Does not leave until designated time. | | √ | | | |
| 2. Appropriately plans and organizes activities. | | | | | |
| 3. Completes assignments on time. | | | | | |
| 4. Completes assignments accurately and thoroughly. | Observ. Fedbak. Documt. | √ | 40% | | |
| 5. Accepts responsibility. | | | | | |
| 6. Uses state resources and/or materials appropriately. | | √ | | | |
| 7. Adapts to changing priorities. | | | | | |
| 8. Manages time effectively. | | | | | |
| 9. Produces expected level of work. | | | | | |
| 10. Follows safety and security procedures. | | √ | | | |
| 11. Arrives to meetings on time. | | | | | |
| 12. Follows through on commitments. | | | | | |
| 13. Is self-motivated. Takes initiative. | | | | | |
| 14. Is effective in group/team meetings. | | | | | |
| 15. Acts cooperative. | Observ. Fedbak. Documt. | √ | 20% | | |
| 16. Demonstrates creativity and innovation. | | | | | |
| 17. Is flexible. Adjusts to changing situations. | Observ. Fedbak. Documt. | √ | 20% | | |
| 18. Keeps appropriate employees informed regarding whereabouts. | | | | | |
| 19. Exercises appropriate judgment. | | | | | |
| 20. Maintains good attendance. | Observ. Fedbak. Documt. | √ | 20% | | |
| 21. Complies with agency/area policy regarding breaks (e.g. lunch/ coffee breaks). | | | | | |
| 22. Interacts appropriately with co-workers. | | | | | |

Calculate the Category Rating (rounded to 2 decimal placed) by using one of the following methods:

- If weights were assigned and a Weighted Rating calculated for each element, total the Weighted Rating (WR) column; or,
- If all elements are weighted equally and weights were not assigned, total the Rating (R) column and divide by the number of elements rated.

Category Rating _____

Performance Plan Employee Acknowledgment: _____ Date: _____

Mid-Period Discussion Employee Acknowledgment: _____ Date: _____

Performance Appraisal Employee Acknowledgment: _____ Date: _____

Name Of Rater: _____ Signature: _____ Date: _____

Relationship Of Rater ☐ Supervisor ☐ Self ☐ Peer/Team Member ☐ Subordinate Other (Specify) _____

VSC 01-092
(NURSING/LIC/WORKHABITS)

STATE OF ARIZONA UNIVERSAL PERFORMANCE APPRAISAL SCORE FORM

| | |
|-----------------------|---------------------------------|
| EMPLOYEE NAME: | RATING PERIOD: TO |
|-----------------------|---------------------------------|

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|--|--|
| SSN: | EMPLOYEE POSITION NUMBER: |
| AGENCY: DEPARTMENT OF VETERAN SERVICES | EMPLOYEE CLASSIFICATION: GERIATRIC NURSE |
| DIVISION: ASVH | SUPERVISOR NAME: |
| SECTION/UNIT: NURSING / UNIT | REVIEWER NAME: |
| Grant Permanent Status (Check one): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/> Extend Probation (contact Human Resources/Person Representative) | APPRAISAL TYPE (Check one): <input type="checkbox"/> Annual <input type="checkbox"/> End of Probation <input type="checkbox"/> Close-out <input type="checkbox"/> Other _____ |

Enter Categories, Category Weights and Ratings from the applicable Performance Standards Forms: Category Category Weighted
 (If multiple raters are used, use the Multi-Rater Score Worksheet before filling out this sheet) Weight X Rating* = Rating

| | | | |
|--------------------------------------|-------------|--|--|
| Responsibility/ | | | |
| Category #1: CLINICAL | 30% | | |
| Responsibility/ | | | |
| Category #2: CUSTOMER SERVICE | 35% | | |
| Responsibility/ | | | |
| Category #3: WORK HABITS | 35% | | |
| Responsibility/ | | | |
| Category #4: | | | |
| Responsibility/ | | | |
| Category #5: | | | |
| Responsibility/ | | | |
| Category #6: | | | |
| Responsibility/ | | | |
| Category #7: | | | |
| Responsibility/ | | | |
| Category #8: | | | |
| Responsibility/ | | | |
| Category #9: | | | |
| RATING PERIOD SCORE**: | 100% | | |

*Ratings have been transferred from the appropriate Performance Standards Forms and are based on Five-Point Rating Scale, as follows:
 5 = Exceptional 4 = Exceeds Expectations 3 = Meets Expectations 2 = Below Expectations 1 = Unacceptable

**Calculate the Rating Period Score (rounded to 2 decimal places) by using one of the following methods:
 1. If weights were assigned and a Weighted Rating calculated for each Category, total the Weighted Rating column; or,
 2. If all Categories are weighted equally and weights were not assigned, total the Category Rating column and divide by the number of Categories rated.

| | |
|--|-------------------|
| EMPLOYEE COMMENTS (USE ATTACHMENT IF NECESSARY): I hereby certify that I have had an opportunity to review this form and related documentation and understand that I am to receive a copy. I am aware that my signature does not necessarily mean that I agree with the rating. I am aware that I have the right to grieve the appraisal and that time restrictions apply. I may request a copy of the grievance procedures from my supervisor or the agency/division Human Resources/Personnel representative. <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> I intend to submit a grievance on this evaluation (See agency policy for time restrictions and Responding Authority). | |
| EMPLOYEE SIGNATURE _____ | DATE _____ |
| RATER SIGNATURE _____ | DATE _____ |
| REVIEWER SIGNATURE _____ | DATE _____ |